



Kansas State Board of Pharmacy
800 SW Jackson, Room 1414
Topeka, KS 66612
www.pharmacy.ks.gov
pharmacy@pharmacy.ks.gov

Main: 785-296-4056
Toll Free: 888-RXBOARD
Fax: 785-296-8420

KBOP APPROVAL #
15- _____
_____ hour(s)

APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL: **PROVIDER REQUEST**

Directions: Please fill out this form to obtain approval for continuing education as a provider in Kansas. Your completed form should be submitted to the Board of Pharmacy office **30 days** in advance of the first scheduled date for your continuing pharmaceutical education activity.

1. Name and address of sponsoring organization seeking approval.

2. Name, address and phone number of an individual responsible for continuing education programs, completing this form, and acting as a contact person for the Board.

Phone Number _____ Fax Number _____

E-mail Address _____

3. Title of Program: _____

4. Date of Program: _____ Time: _____

5. Program Location: _____

6. Estimated CE contact time: _____

7. Program Objectives:



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8. Administrative requirements:

- a) Do you agree to maintain attendance records showing the name and address of each participant and the number of hours of attendance for a period of at least 5 years? *(circle one)* **Yes No**
- b) Do you agree to make records available on request to participants and the Board for a period of at least 5 years? *(circle one)* **Yes No**
- c) For CE credit, do you agree to offer only presentations free of commercial bias? *(circle one)* **Yes No**

9. **Sample of program announcements:** Please **attach** a sample of the program announcement or promotional piece, including methods of delivery, faculty qualifications, program outline, evaluation forms used and certificate of participation utilized for the continuing education program.

10. Method of delivery: Lecture, lecture with open discussion period, workshop, and panel: _____

11. Evaluation: Describe the methods you anticipate will be employed for the participants to assess their achievement of the objectives stated in the program brochures or announcements:

12. Date of application: _____

FOR BOARD USE ONLY:

_____ This program has been evaluated and is approved for _____ hours of CE credit for two (2) years from the date of evaluation.

_____ This program has been evaluated and is denied for CE credit for the following reason(s):

Date of approval/denial: _____